

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-027400

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3840

VS 300
Rev. 4/59

1

2 378

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9334X

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12 76-0

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

BY AFFIDAVIT OF

J. R. Zimmerman, M.D.

1. PLACE OF DEATH
FILED AUG 2 1962
a. COUNTY **Jackson**

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **Kansas City** Length of stay in 1b **45 yrs.**

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION **VA Hospital** Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Missouri** b. COUNTY **Jackson**

c. CITY OR TOWN **Kansas City** Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) **2619 Agnes** Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED First Middle Last
(Type or print) **MAURICE WILBURN**

4. DATE OF DEATH Month Day Year
July 23, 1962

5. SEX
Male

6. COLOR OR RACE
Negro

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
1-3-95

9. AGE (last birthday) **67** IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Cook

10b. KIND OF BUSINESS OR INDUSTRY
Food

11. BIRTHPLACE (City and state or country)
Dallas, Texas

12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME
John Wilburn

13b. MOTHER'S MAIDEN NAME
Carrie Austin

14. NAME OF HUSBAND OR WIFE
Lucille Wilburn

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
Yes WWT

17. INFORMANT Address
VA Hospital Records.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **Cerebral arteriosclerosis.**

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Myocardial insufficiency due to arteriosclerosis.

PART III. If deceased was female was there a pregnancy in last 90 days.
☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from **July 5, 1962** to **July 23, 1962** and know her death occurred at **3:00 AM** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)
[Signature] M. D.

22b. ADDRESS **VA Hospital, Kansas City, Mo.** 22c. DATE SIGNED **7-23-62**

23a. BURIAL, CREMATION, REMOVAL (Specify)
BURIAL

23b. DATE **7-27-62**

23c. NAME OF CEMETERY OR CREMATORY
NATIONAL

23d. LOCATION (City, town, or county) (State)
FORT LEAVENWORTH, KANS

24. FUNERAL DIRECTOR ADDRESS
Jones & Stevens, 235 Linwood

25. DATE RECD. BY LOCAL REG.
7-24-62

26. REGISTRAR'S SIGNATURE
Ruth N Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *J. J. Manlove*

Licensed Embalmer No. 3994

P. O. Address 3712 E 30th

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.